

APPLICATION FOR PERMIT  
TO CONDUCT BINGO  
CHARITABLE GAMES  
CGB-4 REV. 11/02

STATE OF CONNECTICUT  
**DIVISION OF SPECIAL REVENUE**  
Charitable Games  
555 Russell Road  
Newington, CT 06111-1523



**INSTRUCTIONS:**

1. Print or type and, if necessary, use additional sheets. Have application notarized.
2. The completed form must be mailed to **P.O. Box 310424, Newington, CT 06131-0424.**

<b>TO: DIVISION OF SPECIAL REVENUE</b>			PERMIT NUMBER <i>(To be assigned by Special Revenue)</i>		
NAME OF ORGANIZATION				IDENTIFICATION NUMBER	
ADDRESS OF ORGANIZATION <i>(No. and Street)</i>		<i>(City or Town)</i>		<i>(State)</i>	<i>(Zip Code)</i>
MAILING ADDRESS <i>(No. and Street)</i>				<i>(City or Town)</i>	<i>(State)</i>
				DATE ORGANIZED	
				TELEPHONE NUMBER (     )	

OFFICERS OF THE ORGANIZATION			
NAME <i>(Last, First, Middle)</i>	TITLE	NAME <i>(Last, First, Middle)</i>	TITLE
1.		3.	
2.		4.	

ORGANIZATION MEMBERS WHO ARE HOLDERS OF PERSONAL IDENTIFICATION NUMBERS <i>(Designate Member-In-Charge's Name With An Asterisk)</i>			
NAME <i>(Last, First, Middle)</i>	P.I.N.	NAME <i>(Last, First, Middle)</i>	P.I.N.
1.		5.	
2.		6.	
3.		7.	
4.		8.	

**MEMBER IN CHARGE:** Is the Member in Charge a bona-fide, active member of the organization and a member in good standing for at least six months?

☐ YES    ☐ NO

**Check Type of Permit Applied for and Indicate Day(s) and Date(s):**

☐ **CLASS A** (One day each week from issue date to 9/30) **(Fee: \$75.00)**

DAY OF  
WEEK: \_\_\_\_\_ TIME: \_\_\_\_\_ TO: \_\_\_\_\_

☐ **CLASS B** (Maximum of ten successive days) **(Fee: \$5.00 per day)**

DATE: \_\_\_\_\_ TO: \_\_\_\_\_ TIME: \_\_\_\_\_ TO: \_\_\_\_\_

☐ **CLASS C** (One day each month from issue date to 9/30) **(Fee: \$50.00)**

OCT ____/____/____	FROM: _____ am	TO: _____ pm	APR ____/____/____	FROM: _____ am	TO: _____ pm
NOV ____/____/____	FROM: _____ pm	TO: _____ am	MAY ____/____/____	FROM: _____ pm	TO: _____ am
DEC ____/____/____	FROM: _____ am	TO: _____ pm	JUN ____/____/____	FROM: _____ am	TO: _____ pm
JAN ____/____/____	FROM: _____ pm	TO: _____ am	JUL ____/____/____	FROM: _____ pm	TO: _____ am
FEB ____/____/____	FROM: _____ am	TO: _____ pm	AUG ____/____/____	FROM: _____ am	TO: _____ pm
MAR ____/____/____	FROM: _____ pm	TO: _____ am	SEP ____/____/____	FROM: _____ pm	TO: _____ am

ADDRESS WHERE BINGO WILL BE PLAYED <i>(No. and Street)</i>			<i>(City or Town)</i>		<i>(State)</i>	<i>(Zip Code)</i>	MAXIMUM SEATING CAPACITY ACCORDING TO LAW:
WHO OWNS THESE PREMISES? <i>(Name)</i>			<i>(No. and Street)</i>		<i>(City or Town)</i> <i>(State)</i> <i>(Zip Code)</i>		
RENTING/LEASING?						FOR DIVISION USE ONLY	
<input type="checkbox"/> YES <input type="checkbox"/> NO							

I, the undersigned ranking officer of subject organization, do hereby state that all Bingo sessions operated by subject organization under this permit will be conducted in compliance with the Connecticut General Statutes and with all Administrative Regulations concerning Bingo Games.

SIGNED *(Ranking Officer)*

DATE *(Mo., Day, Yr.)*

Personally appeared the signer of the foregoing statement and made oath before me to the truth of matters contained therein.

SIGNED *(Notary Public)*

DATE *(Mo., Day, Yr.)*

MY COMMISSION EXPIRES:

<b>Application for Bingo Permit is approved</b>	SIGNATURE <i>(Executive Director)</i>	DATE <i>(Mo., Day, Yr.)</i>
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DISTRIBUTION:    WHITE - Charitable Games    CANARY - Liaison Officer    PINK - Organization